

Attention Provider: White Original Must Be Returned to _____ By (Date): _____
 Issuing County: _____ Address: _____ Voucher No.: _____

CHILD CARE VOUCHER

TO Parent/RA: _____ Child's Name: _____
 Address: _____ Date of Birth: _____ Gender: male female
 _____ Language Preference: _____ Race: I A B P W
 _____ Ethnicity: N U C H M P
 Telephone: () _____ If served from waiting list: SCC SCC-WF Smart Start
 Eligible for care from: _____ through _____ Payment by: Parent Agency

Parent must pay the following fee beginning: _____			County Case No.: _____	
<u>Type of Care</u>	<u>Monthly Parent Fee</u>	<u>Daily Parent Fee</u>	DCS ID No: _____	
Full Time	\$ _____	\$ _____	EIS ID No: _____	
¾ Time	\$ _____	\$ _____	Cat. Code: _____ Need Code: _____	
½ Time	\$ _____	\$ _____	Child eligible for: <input type="checkbox"/> SCC <input type="checkbox"/> Smart Start	
			No. of responsible adults: <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2	

Transportation payments begin on _____ and end on _____

Days/Hours Child Care is Needed M T W Th F S S From _____ a.m./p.m. Until _____ a.m./p.m.
 Circle days and enter times. M T W Th F S S From _____ a.m./p.m. Until _____ a.m./p.m.
 M T W Th F S S From _____ a.m./p.m. Until _____ a.m./p.m.

Dates School Age Care is Needed: From _____ Through _____ Before/After School/Summer
 1) Enter dates: month/day/year From _____ Through _____ Before/After School/Summer
 2) Circle type of care needed. From _____ Through _____ Before/After School/Summer

Comments: _____

Check (✓) if attachments are included for additional children.

I understand that I have the right to select the provider to provide child care for my children. I understand that I will have to pay the provider if I receive child care after I become ineligible for assistance or if I receive any child care which is not approved by this voucher.

Release of Information: I certify that I have read or had read to me the **Release of Information** statement on the back of this form.

Parent/Responsible Adult (RA) Signature: _____ Date: _____

Worker's Name: _____ Telephone: () _____

Representative of Local Purchasing Agency's Signature: _____ Date: _____

NOTICE TO CHILD CARE PROVIDER: You must be operating legally in order to accept child care payment with public funds. If you have never accepted subsidized children before then please call the number given above before taking children into your care so that you may find out how much you can be paid to provide this child care service.

TO BE COMPLETED BY THE CHILD CARE PROVIDER: I agree to provide child care for the child/ren named on this voucher and on the continuation page, if attached. The child(ren) entered child care on: _____.

I understand that I must be enrolled as an eligible child care provider before I can receive my first subsidy payment for the child(ren). I also understand that the local purchasing agency must approve the child(ren) for subsidized child care before I can receive subsidy payments. *My subsidy payment begins the date that the child(ren) actually starts receiving child care. I know that information about the child(ren) and family is confidential, and that I must allow the parent unlimited access for the purpose of contacting the child(ren) or evaluating the center and care provided by the facility.

Facility Name: _____ Provider: License/Facility I.D. No.: _____

Name of Contact Person: _____ Telephone Number: () _____

Location Address _____

Signature of Provider: _____ County: _____

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¾ Time	\$ _____	\$ _____	Cat. Code: _____ Need Code: _____	
½ Time	\$ _____	\$ _____	Child eligible for: <input type="checkbox"/> SCC <input type="checkbox"/> Smart Start	
			No. of responsible adults: <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2	

Transportation payments begin on _____ and end on _____

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 1) Enter dates: month/day/year From _____ Through _____ Before/After School/Summer
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Facility Name: _____ Provider: License/Facility I.D. No.: _____

Name of Contact Person: _____ Telephone Number: () _____

Location Address _____

Signature of Provider: _____ County: _____

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¾ Time	\$ _____	\$ _____	Cat. Code: _____ Need Code: _____		
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			No. of responsible adults: <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2		

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Name of Contact Person: _____ Telephone Number: () _____

Location Address _____

Signature of Provider: _____ County: _____

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TO PARENT OR RESPONSIBLE ADULT (RA):

This information serves to notify you of action taken regarding the child care assistance being provided for the child listed on the front of the **Child Care Voucher** and the child(ren) listed on the **continuation page** of the **Child Care Voucher**. You are responsible for paying the child care provider any parent fees set by the local purchasing agency. Also, you must notify your child care provider any time that your child/ren is going to be absent from the child care facility. Please keep this form in your files.

RELEASE OF INFORMATION

The information on this form is necessary to provide eligibility and payment information for child care services. Your signature on the reverse side gives your consent for information on this form and any future changes which affect your child care plan or the payment for your child care assistance to be given to the child care provider which you select. A copy of this form is given to the child care provider. The child care provider has signed an agreement to keep all information confidential.

HOW TO GET A FAIR HEARING

You are reminded that you have a right to request and obtain a fair hearing if you disagree with the decisions about your child care assistance as stated on this form. The hearing will establish whether this action was correct and will give you benefits if it was wrong. If you wish to request a fair hearing, you must contact the child care supervisor/coordinator of the local purchasing agency within **sixty (60) calendar days** after the effective date of the action taken. The effective date is stated on the Child Care Action Notice (DCD-0450). You may ask for the hearing either orally or in writing.

A hearing will be scheduled for you with an official of your local purchasing agency. The hearing will be held within five (**5**) calendar days of your request unless you postpone it for good reasons. If you have good cause, the hearing may be delayed up to ten (**10**) additional calendar days. If you are dissatisfied with the decision made at that hearing, you may have a second hearing with an impartial official from the **NC Department of Health and Human Services**. You must contact the child care supervisor/coordinator within fifteen (15) calendar days of the receipt of the decision from the local hearing to request a second hearing. If the results of your state hearing are not satisfactory, then you or your attorney may submit a petition for judicial review in superior court of the county from which the case originated. The decision made by the superior court is final.

YOUR RIGHT TO BE REPRESENTED

At either of these hearings, you may have someone such as a relative or friend represent you. You may have an attorney represent you, however, you must pay for your attorney's legal services unless free legal services are available in your community. If you are interested in free legal services, contact your child care worker or call **Careline Information and Referral Service at 1-800-662-7030**.

CHILD CARE ASSISTANCE MAY CONTINUE

If your child care payments were stopped or changed for any reason other than lack of public child care funds, **you may** keep receiving child care until the local hearing decision is made, provided you ask for a fair hearing on or before the effective date of the action indicated on the Child Care Action Notice (DCD-0450). However, if your hearing shows that the action stated the Action Notice is correct, then you will have to repay the cost of the child care received while you waited for the hearing. If you do not want to continue to receive services as before, you may ask your child care worker to change or stop the services.

MUST REPORT CHANGES WITHIN 5 WORKDAYS!

Changes in your situation may affect the amount of benefits you receive. You must report all changes to your child care worker of the local purchasing agency within five (**5**) workdays. According to North Carolina state law, anyone who obtains or attempts to obtain assistance for himself or someone else by intentionally saying something that is untrue, or intentionally misrepresenting something as true, or intentionally not giving all necessary information may be guilty of a misdemeanor or felony and a sanction may be imposed by the local purchasing agency. You may also have to repay all child care assistance after the changes occurred if you did not report the change to your child care worker on time. Be careful! If you do not know whether a change is important, ask your child care worker.

YOUR RIGHT TO SEE YOUR RECORD

If you ask, your child care worker will show you (and the person speaking for you) your child care record before your hearing. You may also see any other information to be used at the hearings, if you ask. You can get free copies of this information. You may see this information again at your hearings.

DO YOU UNDERSTAND YOUR RIGHTS AND YOUR RESPONSIBILITIES?

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AGENCY USE ONLY: SUBSIDIZED CHILD CARE SYSTEM CATEGORY CODES:

<u>SCC</u>		<u>SCC-WORK FIRST</u>			<u>FUND SOURCE</u>		
009 With regard to income		005 Work First Family Assistance without countable income	15 Smart Start	72 TANF Federal			
019 Without regard to income		006 Work First Family Assistance with countable income	20 Foster Care	73 TANF (child only-200% poverty)			
020 Foster Care Recipients		055 Teen Parent - Work First Family Assistance	25 SCC	85 Emergency Care			
054 Teen Parent		017 Non-WF Family Assistance employed with countable income	55 County Funds				
070 Military (income exceeds guidelines)		018 Non-WF Family Assistance non-custodial parent with countable income	71 Work First (MOE)				
071 Military (within income guidelines)							
NEED CODES:		CHILDREN WITHOUT SPECIAL NEEDS					
<u>Child Care</u>	<u>Seek Employment</u>	<u>Employed</u>	<u>CPS</u>	<u>Post-Sec. Educ./Training</u>	<u>Develop. Needs</u>	<u>CWS</u>	<u>HS Educ./GED</u>
Full Time	801	811	821	831	841	851	871
3/4 Time	802	812	822	832	842	852	872
1/2 Time	803	813	823	833	843	853	873
Transportation	809	819	829	839	849	859	879
NEED CODES:		CHILDREN WITH SPECIAL NEEDS					
<u>Child Care</u>	<u>Seek Employment</u>	<u>Employed</u>	<u>CPS</u>	<u>Post-Sec. Educ./Training</u>	<u>Develop. Needs</u>	<u>CWS</u>	<u>HS Educ./GED</u>
Full Time	401	411	421	431	441	451	471
3/4 Time	402	412	422	432	442	452	472
1/2 Time	403	413	423	433	443	453	473
Transportation	409	419	429	439	449	459	479

Refer to Subsidized Child Care Reimbursement Manual for explanation of codes.

Blue Copy: Local Purchasing Agency

INSTRUCTIONS FOR COMPLETION OF THE CHILD CARE VOUCHER

Note: Agencies are not required to assign a voucher number; however, if the agency elects not to assign a number to each voucher, there must be another mechanism in place for tracking vouchers.

Language Preference: Indicate the family's preferred language to receive information about the services and information from the agency. The key for language codes is as follows: EN = English; SP = Spanish; AR = Arabic; CA = Cambodian; CH = Chinese; FR = French; FC = French Creole; GR = German; GK = Greek; GU = Gujarati; HI = Hindi; HM = Hmong; HU = Hungarian; IT = Italian; JA = Japanese; KO = Korean; LA = Laotian; MI = Miao; MK = Mon-Khmer; PE = Persian; PO = Polish; PG = Portugese; PC = Portugese Creole; RU = Russian; SC = Serbo-Croatian; TA = Tagalog; TH = Thai; UR = Urdu; VI = Vietnamese; or OT = Other (indicate OT and the preferred language).

Race and Ethnicity Codes: The parent or responsible adult must complete this section, indicating the race and ethnicity for each child. The key for race is as follows: I = American Indian/Alaska Native; A = Asian; B = Black or African American; P = Native Hawaiian/Pacific Islander; W = White. The key for ethnicity codes is as follows: N = Not Hispanic/Latino; U = Unreported; C = Hispanic Cuban; H = Hispanic Other; M = Hispanic Mexican American; P = Hispanic Puerto Rican.

No. of responsible adults: Indicate the correct number of responsible adults included in the case. This is required for all cases. "O" is checked when a child lives with an adult who is responsible for his care but is not financially obligated for the support of the child; for example, a child living with grandparents who do not have financial responsibility for the child or a child who is in foster care.

Transportation Payment: Indicate the dates that the LPA will pay for transportation services. This period can be different from the period of eligibility listed on the application and may be different from the "child may begin on" date.

Nine Block Area: Use these boxes, located to the right of the transportation information, to enter the family size and family income information. Enter the family size using the first two fields of the nine blocks located to the right of the transportation payment information, i.e., 01, 02, etc. Without using dollar signs, indicate the amount of the family's monthly income in the next blocks. For example, if the family's monthly income is \$1, 245.68, show this amount as 1246. If the family's monthly income is \$750.00, show this amount as 0750. These blocks can also be used to indicate the child's Social Security # if he is a foster child. These fields are optional and the county may choose to leave this information blank. However, **this information is required to be entered in the state's Subsidized Child Care Reimbursement System (SCCRS).** REMINDER: This area should not be referred to as the social security number area. A child's social security number is confidential information.

Days/Hours Child Care is Needed: The days and times child care is needed must be indicated. Circle the day(s) of the week that care is needed and write the time in the "From _____ Until _____" space (remember to circle am or pm). For example, if a child needs before- and after-school care Monday through Friday, and summer care, the entry would be:

M T W Th F S S	From:	7:00 am/pm	Until:	8:15 am/pm
M T W Th F S S	From:	3:15 am/pm	Until:	5:00 am/pm
M T W Th F S S	From:	7:00 am/pm	Until:	5:00 am/pm

School-age Care: Enter the month, day, and year in which school-age care is needed. Circle the type of care as before/after-school or summer care. Example:

From:	8/12/08	Through:	5/24/09	Before/After School/Summer
From:	5/27/09	Through:	8/09/09	Before/After School/Summer

If the parent has requested child care services for more than one child, a **continuation page** may be used to provide information regarding additional children. If an attachment or continuation page is included, enter a check in box (✓) to indicate this to the provider. Agencies that wish to issue a voucher for each child instead of using a continuation sheet may continue to do so.

Comments Section: Staff make special notations about services provided in this section. In addition, the child care worker must include in this section the specific time period for child care services provided for a limited time voucher and supported specifically with one time or non-recurring subsidy funds. Child care worker must discuss this time period with the parent and provide available resources to the parent that will assist in the continuation of child care services. The child care worker must also document that resources were provided, the voucher was reviewed, questions were answered and the parent understood the information. The child care worker and parent are required to initial and date the Comments Section indicating that all of the documentation criteria for time limited child care services have been met. Before sending the voucher to the provider, the **parent or responsible adult must sign and date the voucher**. In addition, the **worker's name and telephone number** and the **signature of the agency representative and the date** are required before issuing the voucher. Only the DSS director or the director's designee can sign the voucher.